Examination Application Form

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STATE OF UTAH
Radiology Practical Technician
ARRT Limited Scope of Practice in Radiography

Examinations

- ARRT Limited Scope of Practice in Radiography

Licensure Process

Upon completion of all licensure requirements including passing the examinations, submit a complete application for licensure to:

By US Mail
Division of Occupational and Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114-6741

By Delivery or Express Mail
Division of Occupational and Professional Licensing
160 East 300 South, 4th floor
Salt Lake City, UT 84111

Applications for licensure are available on the Internet at:
http://www.dopl.utah.gov

You may also obtain them from:
Experior
5486 South 1900 West, Suite C
Taylorsville, UT 84118
801.355.5009
Web Address: www.experioronline.com

Please Print Clearly

Social Security Number: _____-_____-_____

Birthdate: _____/_____/_____

Name: _____
First   Initial   Last

Address: _____
Street   Apt. No.

City: _____ State: _____ ZIP: _____

Daytime Telephone: (_____) _____-_____

Please select ALL the examination parts you wish to take:

θ Core   θ Extremities   θ Spine

θ Chest   θ Skull   θ Podiatry

Send completed application and fees to:

Experior
5486 South 1900 West, Suite C
Taylorsville, UT 84118

The examination fee for any combination of examinations is **$110.00**. Please make checks payable to Experior.

If paying by credit card:

Visa _____   MasterCard _____

Credit Card No. _____ Exp. Date _____

Signature _____

Examinations are now offered on computer and replaces the former paper/pencil examinations. After completing and submitting this application, your registration information will be forwarded to the ARRT. Once approved, ARRT will mail you a *Limited Score of Practice in Radiography Handbook* and a *Limited Scope Application Status Report*. These documents

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will explain the entire examination process. You will be assigned a 90-day examination window (the time period in which you must test) and given scheduling instructions.